

FILED
07 OCT 29 PM 1:22
CLERK U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
DEPUTY

1 YOUR NAME
2 YOUR ADDRESS
3 YOUR TELEPHONE NUMBER
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7

8 UNITED STATES DISTRICT COURT
9 SOUTHERN DISTRICT OF CALIFORNIA
10 (Must start on line 8 or below)

11
12 *Fraustino Robinson*

13 -v-

14 *GARY HUBBARD*
15 *DOUG HARVEY*
16 *PLAZA HOTEL*

07 ~~07~~ 2051 LAB (RBB)

Case No. _____
(To be assigned at time of filing)

COMPLAINT FOR (Brief description of document)

17 Plaintiff alleges:

18 *TO WHOM IT MAY CONCERN:*
19 *THE MANAGER OF HOTEL PLAZA DOUG HARVEY HAS, OPE-*
20 *ned, eight of my letters in two days. HE WAS*
21 *told to OPEN THESE LETTERS BEFORE GIVING THE*
22 *letter to me the opening of these letters is A*
23 *LACK OF RESPECT AND A VIOLATION OF MY RIGHTS.*
24 *I believe what was done is A FELONY AND I HAVE*
25 *ALREADY HAD 3 CASES IN NOVEMBER IN THE -*
26 *SAN FRANCISCO AND SAN DIEGO. I BELIEVE -*
27 *THESE JUDGES WERE PAID OFF AND THAT THEY*
28 *ARE CORRUPT. I WOULD LIKE THIS CASE TO BE TAKEN*
to the SUPREME COURT SO THAT I COULD SUE THOSE
WHO TOOK MY \$108 FROM MY LETTERS.

FOR 20 million dollars.

Sincerely,

~~ICB...~~

Faustino Robinson

1 IF YOUR ANSWER IS "YES," YOU MUST ATTACH A COPY OF THE
2 COMMISSION'S INVESTIGATIVE FILE TO THIS REQUEST AND ANSWER QUESTIONS B
3 AND C.

4 B. Do you question the correctness of the Commission's "no reasonable cause"
5 determination?

6 ☐ Yes ☒ No

7 C. If you answered "yes" to question 3B, what are your reasons for questioning the
8 Commission's determination? Be specific and support your objections with fact. Do not simply
9 repeat the allegations made in your complaint; the court will review your complaint in considering this
10 request for counsel.

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12 N/A
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28 (Attach additional sheets as needed)

4. Have you talked with any attorney about handling your claim?

Yes No

If "YES," give the following information about each attorney with whom you talked:

Attorney: _____

When: _____

Where: N/A

How (by telephone, in person, etc.): _____

Why attorney was not employed to handle your claim: _____

Attorney: _____

When: _____

Where: N/A

How (by telephone, in person, etc.): _____

Why attorney was not employed to handle your claim: _____

Attorney: _____

When: _____

Where: N/A

How (by telephone, in person, etc.): _____

Why attorney was not employed to handle your claim: _____

NO INCOME

(Attach additional sheets as needed)

1 5. Explain any other efforts you have made to contact an attorney to handle your claim:

2
3 NONE

4
5
6 6. Give any other information which supports your application for the court to appoint an
7 attorney for you: UNEMPLOYABLE

8
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11
12 7. Give the name and address of each attorney who has represented you in the last 10 years
13 for any purpose: N/A

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19 (Attach additional sheets as needed)

20 8. I cannot afford to obtain a private attorney. The details of my financial situation are listed
21 below:

22 A. Employment

23 Are you employed now? ___ yes ___ no ___ am self-employed

24 Name and address of employer:

25 N/A

1 If employed, how much do you earn per month? no

2 If not employed, give month and year of last employment: 1983

3 How much did you earn per month in your last employment? # 7.00 PES HOUR

4 If married, is your spouse employed? yes N/A no

5 If "YES," how much does your spouse earn per month? 1

6 If you are a minor under age 21, what is your parents' or guardians' approximate monthly
7 income? N/A

8
9 B. Assets

10 (i) Other Income

11 Have you received within the past 12 months any income from a business, profession or other
12 form of self-employment, or in the form of rent payments, interest, dividends, retirement of annuity
13 payments or other sources? yes X no

14 If "YES," give the amount received and identify the sources:

15 \$ Received

Source

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19 N/A
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28 (Attach additional sheets as necessary)

(ii) Cash

Have you any cash on hand or money in savings or checking accounts? ___ yes X no

If "YES," state total amount: _____

(iii) Property

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ___ yes ___ no

If "YES," give value and describe it:

Value

Description

N/A

C. Obligations and Debts(i) Dependents NONE

Your marital state is: ___ single ___ married ___ widowed, separated or divorced

Your total number of dependents is : NONE

List those person you actually support, your relationship to them, and your monthly contribution to their support:

Name/Relationship

Monthly Support Payment

N/A

(ii) Debts and Monthly Bills

List all creditors, including banks, loan companies and charge accounts, etc.

	<u>Creditor</u>	<u>Total Debt</u>	<u>Monthly Payment</u>
Rent:	<u>SAN DIEGO REACH</u>		<u>\$ 475.00</u>
Mortgage			
on Home:	<u>N/A</u>		
Others:	<u>N/A</u>		

9. Signature

I declare under penalty of perjury that the above is true and correct.

Dated: 10/28/07Frautino RobinsonSignature FR...

(Notarization is not required)

JS44

(Rev. 07/89)

CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE SECOND PAGE OF THIS FORM.)

I (a) PLAINTIFFS

FAUSTINO ROBINSON

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF SAN DIEGO
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

FAUSTINO ROBINSON
P.O. BOX 120763
SAN DIEGO CA 92112

DEFENDANTS

GARY HUBBARD, DIRECTORDOUG HARVEY, MANAGER

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT (IN U.S. PLAINTIFF CASES ONLY)

PLAZA HOTEL

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED

ATTORNEYS (IF KNOWN)

U/ CV2051 LAB(RBB)

II. BASIS OF JURISDICTION (PLACE AN X IN ONE BOX ONLY)

- ☒ 1 U.S. Government Plaintiff. ☐ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant. ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN X IN ONE BOX ONLY FOR PLAINTIFF AND ONE BOX ONLY FOR DEFENDANT)

- | PT | DEF | PT | DEF |
|---------------------------------------|----------------------------|---------------------------------------|----------------------------|
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. CAUSE OF ACTION (CITE THE US CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY).

42 USC 1988

V. NATURE OF SUIT (PLACE AN X IN ONE BOX ONLY)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veterans Benefits <input type="checkbox"/> 160 Stockholders Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury PERSONAL INJURY <input type="checkbox"/> 362 Personal Injury - Medical Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 RR & Truck <input type="checkbox"/> 650 Airline Regs <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (13958) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWODIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(a)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS - Third Party 26 USC 7609	<input type="checkbox"/> 400 State Reappointment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce/ICC Rates/etc. <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State <input type="checkbox"/> 890 Other Statutory Actions
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Tort to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input checked="" type="checkbox"/> 440 Other Civil Rights	PRISONER PETITIONS <input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prisoner Conditions		

VI. ORIGIN (PLACE AN X IN ONE BOX ONLY)

- ☒ 1 Original Proceeding ☐ 2 Removal from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from another district (specify) ☐ 6 Multidistrict Litigation ☐ 7 Appeal to District Judge from Magistrate Judgment

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER f.r.c.p. 23 440 DISCRIMINATION OF CIVIL RIGHTS

DEMAND \$

Check YES only if demanded in complaint:

JURY DEMAND: ☐ YES ☐ NO

VIII. RELATED CASE(S) IF ANY (See Instructions): JUDGE

Docket Number

DATE

SIGNATURE OF ATTORNEY OF RECORD